This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

A PPLICATIO		Tatal F	de Catentari	;:		
BEST A	£	Turar a 11 d t	Nacht Fran V	<i>\$</i>		<u></u>
8	Sia Lij			: F 6 8 7	690,-	. 690-
្រុំ ០៤៩ទីជីស;ទី១៖		26			18-	. 907
Trat Dami >2)		$\frac{dS}{dS}$:	. <u>5</u> . 10		<u> 18-</u>	780-
(ted ib ledder Claus) 8		<u>1</u> 0_ ·	- 10		70	
Noste Cez Sissa Princ	<u>124 ° 1</u>				130 -	. 130 -
្សីស្រាស់ មហ្វាក						
មិញ លោក ការប៉ុន្តែលា	1;1					16900
THE REE CALCU	(1,871))					1,6100
Ferridan upan film	g the sealing of					
ಗಾಯ ಕಟ್ಟೂ ಕರಣ Ó	wa # Sign	1,69	0.00		·	<u> </u>
Cess Filing Fees Su	ibminet S _	0				<u>-</u>
BALANCE DUE	= 5 -	1,690	.00			

Tigure 7

FORM OIPE PANIAL (Rev. 1297)

BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999

Application or Docket Number

										<u> </u>	<u>' </u>	<u> </u>	
CLAIMS AS FILED - PART I (Column 1) (Column 2)						_	SMALL TYPE	ENTITY	OR	OTHER SMALL			
FOR NUMBER FILED					NUMBER EXTRA			RATE	FEE	1	RATE	FEE	
BASIC FEE										345.00	OR		690.00
TOTAL CLAIMS 25 minus 20=					• 5			X\$ 9=		OR	X\$18=	90-	
INDEPENDENT CLAIMS / 3 minus 3 = * //									X39=		OR	X78=	780-
MULTIPLE DEPENDENT CLAIM PRESENT									+130=		OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2									TOTAL		OR	TOTAL	1560-
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A		REM	AIMS IAINING FTER NDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent FIRST PRESE	NITATIO	N OF M	Minus	***		=		X39=		OR	X78=	
	FINOT PRESE	MIAIR	ON OF IM	JUIPLE DE	ENL	DENT CLAIM		'	+130=		OR	+260=	
								L	TOTAL ADDIT. FEE			TOTAL ADDIT. FEE	
			umn 1)			olumn 2)	(Column 3)	_ ′	10011.1 CL		• ′		
AMENDMENT B		REM Al	AIMS AINING TER IDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	N 05 14	Minus	***		=		X39=		OR	X78=	
	FIRST PRESE	NIAIIC	N OF MU	JUIPLE DEF	ENL	DENT CLAIM			+130=		OR	+260=	
								L	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
			umn 1)			olumn 2)	(Column 3)						
AMENDMENT C		REM AF	AIMS AINING TER IDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ND	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*		Minus	***		=		X39=	· · · · · ·	OR	X78=	
	FIRST PRESE	NTATIC	N OF MU	JLTIPLE DEF	END	ENT CLAIM		╽┠					
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."								L	+130= TOTAL		OR	+260= TOTAL	
•••	f the "Highest Nur If the "Highest Nur The "Highest Num	mber Pro	eviously Pa	id For' IN THI	S SPA	ACE is less tha	n 3, enter "3."	^	DDIT. FEE	rongiate h		ADDIT. FEE	
	riigi lest Num	יחפו 16/	nously Pall	יירטו (וטנמוסו	mue	renneur) is ine	rnighest numbe	it loni	ти тле арр	ropriate box	in coll	µmn 1.	